01/28/2011 14:51

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue NW ADDRESS (number and street) Suite 500 South Building Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00106740 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 23 2010 12 3 1 2010 1 1 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Robert Borchardt Type or Print Name of Treasurer Mr. Robert Borchardt Electronically Filed by 0 1 28 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

The Amerigroup receipt in the amount of \$2,500 was transferred out on 1/272011 /per 11CFR 103.3.

A. Form/Schedule : F3XN

Transaction ID:

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

3 / 55

363960.67

263299.60

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name Americas Health Insurance Plans PAC (AHIP PAC) " D 11 23 2010 12 31 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 125395.88 January 1 (b) Cash on Hand at 94804.76 Begining of Reporting Period 16987.53 238564.79 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and

11131.22 Total Disbursements (from Line 31) Cash on Hand at Close of

100661.07 100661.07

9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)

(subtract Line 7 from Line 6(d))

6(c) for Column A and Lines

6(a) and 6(c) for Column B)

0.00

111792.29

10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)

Reporting Period

0.00

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 55

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

м м 1 1 ^D 2 3

2010

то:

м м 1 2 ^D 31

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Cc (a)	ntributions (other than loans) From: Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	15789.58	143016.91
	(ii) Unitemized	1197.95	11403.01
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	16987.53	154419.92
(b)	Political Party Committees	0.00	0.00
(c)	(such as PACs)	0.00	79500.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16987.53	233919.92
	ansfers From Affiliated/Other rty Committees	0.00	0.00
3. All	Loans Received	0.00	0.00
	an Repayments Receivedfsets To Operating Expenditures	0.00	0.00
(C	efunds, Rebates, etc.) arry Totals to Line 37, page 5) funds of Contributions Made	0.00	1644.87
	Federal candidates and Other litical Committees	0.00	3000.00
	ner Federal Receipts vidends, Interest, etc.)	0.00	0.00
	ansfers from Non-Federal and Levin Funds		
(a)	Non-Federal Account (from Schedule H3)	0.00	0.00
(b)	Levin Funds (from Schedule H5)	0.00	0.00
(c)	Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	ral Receipts (add Lines 11(d), 13, 14, 15, 16, 17, and 18(c))	16987.53	238564.79
	al Federal Receipts btract Line 18(c) from Line 19)	16987.53	238564.79

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 55

II. DISB	URSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Exp	penditures: —— Federal/Non-Federal ————————————————————————————————————		
	from Schedule H4)	0.00	0.00
(i) Fed	eral Share	0.00	0.00
(ii) Nor	-Federal Share	0.00	0.00
` '	deral Operating	404.00	1750.00
•	ures	131.22	1758.60
	erating Expenditures	131.22	1758.60
	a)(i), (a)(ii) and (b)) Affiliated/Other Party	131.22	1736.60
		0.00	0.00
Contributions	to		
Federal Cand and Other Po	dates/Committeestitical Committees	8000.00	235191.00
Independent I			
	e E)	0.00	0.00
 Coordinated E Committees (Expenditures Made by Party	0.00	0.00
(use Schedule	2 U.S.C. 441a(d))	0.00	0.00
: Loop Dono	ente Mede	0.00	0.00
ь. цоан кераут	ents Made	0.00	0.00
7 Loans Made		0.00	0.00
B. Refunds of Co			
	ls/Persons Other itical Committees	0.00	5000.00
manro	ilicai Committees		
(b) Political I	Party Committees	0.00	0.00
(c) Other Po	litical Committees	0.00	0.00
`	PACs)	0.00	0.00
` '	ntribution Refunds	0.00	5000.00
(add Line	es 28(a), (b), and (c))	0.00	3000.00
. Other Disburs	ements	3000.00	21350.00
. Federal Electi	on Activity (2 U.S.C 431(20))		
	ederal Election Activity		
` '	edule H6)	2.22	
(i) Federa	al Share	0.00	0.00
		0.00	0.00
(ii) "Levir	" Share	0.00	0.00
` '	lection Activity Paid Entirely	0.00	0.00
With Fed	eral Funds		
` '	deral Election Activity (add 0(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1 Total Dish	remente (add Lines 01/s) 00		
	sements (add Lines 21(c), 22,	11131.22	263299.60
23, 24, 25, 2	6, 27, 28(d), 29 and 30(c))	11131.22	203233.00
	l Disbursements		
	e 21(a)(ii) and Line 30(a)(ii)		
•)	11131.22	263299.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 55

III. Net Contributions/Operatin Expenditures	g COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	16987.53	233919.92
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	16987.53	228919.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	131.22	1758.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1644.87
38. Net Operating Expenditures (subtract Line 37 from Line 36)	131.22	113.73

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/55 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) AMERIGROUP Corporation Mailing Address 4425 Corporation L City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State VA C	Zip Code 23462 n Year-to-Date ▼ 2500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Gary Bacher Mailing Address 601 Pennsylvania A Suite 500, South Bu City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Senior Vi	Zip Code 20004 n ice President e Year-to-Date ▼ 3000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gary Bacher Mailing Address 601 Pennsylvania A Suite 500, South Bu City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Senior Vi	Zip Code 20004 n ice President e Year-to-Date ▼ 3000.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional	l)		2750.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 55 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for	nformation copied from such Reports and Str commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	AME OF COMMITTEE (In Full) Imericas Health Insurance Plans PAC	(AHIP PAC	()	
A . <u>G</u>	ull Name (Last, First, Middle Initial) ary Bacher			Date of Receipt
IV	lailing Address 601 Pennsylvania Aver Suite 500, South Buildi			12 30 2010
C	ity	State	Zip Code	Transaction ID: 201101269521-1
<u>V</u>	Vashington	DC	20004	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		125.00
	ame of Employer merica's Health Insurance lans	Occupatio Senior V	n ice President	
R	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		3000.00	
	ull Name (Last, First, Middle Initial) armella Bocchino	Date of Receipt		
_	lailing Address 601 Pennsylvania Aver Suite 500, South Buildi	11 30 7 2010		
	ity	State	Zip Code	Transaction ID: 2011012694838-2
F	Vashington EC ID number of contributing oderal political committee.	C	20004	Amount of Each Receipt this Period 208.33
Α	ame of Employer merica's Health Insurance lans	Occupatio Executive	n e Vice President, Clinical Aff	
	eceipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		4999.92	
	ull Name (Last, First, Middle Initial) armella Bocchino			Date of Receipt
_	lailing Address 601 Pennsylvania Aver Suite 500, South Buildi	12 15 2010		
	ity	State	Zip Code	Transaction ID: 2011012695027-2
F	Vashington EC ID number of contributing	C	20004	Amount of Each Receipt this Period 208.33
_	ederal political committee.			
<u>P</u>	ame of Employer merica's Health Insurance lans	Occupatio Executive	ⁿ e Vice President, Clinical Aff	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4999.92	
SUE	BTOTAL of Receipts This Page (optional)			541.66
	FAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 55 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persor e name and address of any political committee to s	n for the purpose of soliciting contributions			
Americas Health Insurance Plans PA	C (AHIP PAC)				
Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt			
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		12 30 2010			
City	State Zip Code	Transaction ID: 201101269521-2			
Washington	DC 20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	208.33			
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President, Clinical Aff				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92				
Full Name (Last, First, Middle Initial) Dianne Bricker	,				
Mailing Address 601 Pennsylvania Ave Suite 500, South Build	11 30 YYYYY 2010				
City	State Zip Code	Transaction ID: 2011012694838-3			
Washington	DC 20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	41.67			
Name of Employer America's Health Insurance	Occupation Regional Director				
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1000.08				
Full Name (Last, First, Middle Initial) Dianne Bricker	I	Date of Receipt			
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		12 15 2010			
City	State Zip Code	Transaction ID: 2011012695027-3			
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67			
Name of Employer America's Health Insurance Plans	Occupation Regional Director				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1000.08				
SUBTOTAL of Receipts This Page (optional)		291.67			
TOTAL This Period (last page this line number					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 55 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans		Date of Receipt 1 2 3 0 2 0 1 0 Transaction ID: 201101269521-3 Amount of Each Receipt this Period 41.67
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 601 Pennsylvania Aveo Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M 3 0 2 0 1 0
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee.		Date of Receipt 1 2 1 5 2 0 1 0 Transaction ID: 2011012695027-7 Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Vice President, Marketing and Graph Aggregate Year-to-Date 2250.00	nics
SUBTOTAL of Receipts This Page (optional)	·	250.01

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 55 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
Mailing Address 601 Pennsylvania . Suite 500, South B	uilding	7: 0 1	12 30 2010
City Washington	State DC	Zip Code 20004	Transaction ID: 201101269521-7 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		104.17
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Marketing and Graph	ics
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Rebecca Cole			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	11		
City	State	Zip Code	Transaction ID: 2011012694838-9
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Public Af	n fairs Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.96	
Full Name (Last, First, Middle Initial) Rebecca Cole			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			12 15 2010
City	State DC	Zip Code	Transaction ID: 2011012695027-9
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans		fairs Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.96	
SUBTOTAL of Receipts This Page (options	al)		145.83

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 55 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rebecca Cole Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	State Zip Code DC 20004 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Plans Receipt For: Primary General Other (specify) ▼	Public Affairs Manager Aggregate Year-to-Date ▼ 249.96	
Full Name (Last, First, Middle Initial) Kirstin Dawson Mailing Address 602 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General		Date of Receipt M M M / D D / Y Y Y Y Y 1 1
Other (specify) ▼ Full Name (Last, First, Middle Initial) Kirstin Dawson Mailing Address 602 Pennsylvania Ave Suite 500, South Build	ng	Date of Receipt 1 2 1 5 2 0 1 0
City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004	Transaction ID: 2011012695027-11 Amount of Each Receipt this Period 10.42
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Senior Research Associate, Clinical F Aggregate Year-to-Date 250.08	00
SUBTOTAL of Receipts This Page (optional)	 	41.67

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 55 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	PAC (AHIP PAC	5)	
Full Name (Last, First, Middle Initial) Kirstin Dawson			Date of Receipt
Mailing Address 602 Pennsylvania A Suite 500, South Bu			12 30 7 2010
City	State	Zip Code	Transaction ID: 201101269521-11
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.42
Name of Employer	Occupation	n	7
America's Health Insurance Plans	Senior R	esearch Associate, Clinical F	² 0
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.08	
Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			11 30 7 9 9 9
City	State	Zip Code	Transaction ID: 2011012694838-12
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director Insurance Educatio	on
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2011012695027-12
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director Insurance Educatio	or or
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1500.00	
SUBTOTAL of Receipts This Page (optiona	1)		135.42

Γ	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 55 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and some for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<u>∠</u> 4.	Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave			Date of Receipt
	Suite 500, South Build	ding State	Zip Code	1 2 3 0 2 0 1 0 Transaction ID: 201101269521-12
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		e Director Insurance Education Year-to-Date 1500.00	or]
_ 3.	Full Name (Last, First, Middle Initial) Cynthia Depew Mailing Address 602 Pennsylvania Ave	Date of Receipt		
	Suite 500, South Building			12 15 2010
	City Washington	State DC	Zip Code 20005	Transaction ID: 2011012695027-13 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20000	20.83
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	, ' 	of Media Relations e Year-to-Date ▼ 229.13	
 ; <u>.</u>	Full Name (Last, First, Middle Initial) Cynthia Depew			Date of Receipt
	Suite 500, South Build	Suite 500, South Building		
	City	State	Zip Code 20005	Transaction ID: 201101269521-13
	110115		20003	Amount of Each Receipt this Period 20.83
			of Media Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 229.13	
	SUBTOTAL of Receipts This Page (optional) .	1		104.16

A.

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/55				
ITEMIZED RECEIPTS		for each category of the	(check only one)				
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	n for the purpose of soliciting contributions solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)							
Americas Health Insurance Plans PAC	(AHIP PAC	5)					
Full Name (Last, First, Middle Initial) Randolph Desonia			Date of Receipt				
Mailing Address 601 Pennsylvania Aveni Suite 500, South Buildin			11 30 / Y Y Y Y Y				
City	State	Zip Code	Transaction ID: 2011012694838-14				
Washington	DC	20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		10.00				
Name of Employer America's Health Insurance Plans	Occupation Director,	n Medicaid Policy					
Receipt For: Primary General	Aggregate	Year-to-Date ▼					
Other (specify) ▼		240.00					
Full Name (Last, First, Middle Initial) Randolph Desonia			Date of Receipt				
Mailing Address 601 Pennsylvania Aveni Suite 500, South Buildin			12 15 7 2010				
City	State	Zip Code	Transaction ID: 2011012695027-14				
Washington	DC	20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		10.00				
Name of Employer America's Health Insurance Plans	Occupation Director,	n Medicaid Policy					
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		240.00					
Full Name (Last, First, Middle Initial) Randolph Desonia			Date of Receipt				
Mailing Address 601 Pennsylvania Aveni Suite 500, South Buildin			12 30 7 2010				
City State Washington DC FEC ID number of contributing federal political committee.		Zip Code 20004	Transaction ID: 201101269521-14 Amount of Each Receipt this Period				
			10.00				
Name of Employer America's Health Insurance Plans	Occupation Director,	n Medicaid Policy					
Receipt For:	Aggregate	Year-to-Date ▼	7				
Primary General Other (specify) ▼	0 0	240.00					
SUBTOTAL of Receipts This Page (optional)			30.00				

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 55 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	C)	
۸.	Full Name (Last, First, Middle Initial) Katie Dunning			Date of Receipt
	Mailing Address 601 Pennsylvania Average Suite 500, South Build			11 30 2010
	City	State	Zip Code	Transaction ID: 2011012694838-15
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary General	, ' 	I Director e Year-to-Date ▼	1
_	Other (specify) Full Name (Last, First, Middle Initial)	0 0	875.07	
3.	Katie Dunning			Date of Receipt
	Mailing Address 601 Pennsylvania Average Suite 500, South Buildi			12 / 15 / Y Y Y Y Y
	City	State DC	Zip Code	Transaction ID: 2011012695027-15
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupation Regional	on I Director	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 875.07	
_).	Full Name (Last, First, Middle Initial) Katie Dunning			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Build			12 30 YYYYY 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 201101269521-15
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans		l Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 875.07	
	SUBTOTAL of Receipts This Page (optional)			125.01
T	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 55 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I	the name and addre	ot be sold or used by any perso ss of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul Eiting Mailing Address 601 Pennsylvania			Date of Receipt 1 1 3 0 2 0 1.0
Suite 500, South B City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	1 1 3 0 2 0 1 0 Transaction ID: 2011012694838-16 Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Deputy Dire Aggregate Ye	ector ear-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Paul Eiting Mailing Address 601 Pennsylvania A Suite 500, South B City		Zip Code	Date of Receipt M
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Deputy Dire	ector ear-to-Date ▼ 375.00	Amount of Each Receipt this Period 31.25
Full Name (Last, First, Middle Initial) Paul Eiting Mailing Address 601 Pennsylvania A Suite 500, South B City Washington		Zip Code 20004	Date of Receipt 1 2 3 0 2 0 1 0 Transaction ID: 201101269521-16 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Deputy Dire Aggregate Ye	ector ear-to-Date ▼ 375.00	31.25
SUBTOTAL of Receipts This Page (optional	al)		93.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 18 / 55 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAGE	e name and address	pe sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington	State 2	Zip Code 20004	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	C Occupation	resident, State Affairs	Amount of Each Receipt this Period 125.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate real	3000.00	
Jeffrey Gabardi Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington	State 2	Zip Code 20004	Date of Receipt M
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice P Aggregate Year	resident, State Affairs -to-Date ▼ 3000.00]
Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylvania Ave	I N W		Date of Receipt
Suite 500, South Build	ling State 2	Zip Code	1 2 3 0 2 0 1 0 Transaction ID: 201101269521-17
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	, '	resident, State Affairs	
Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (optional) .			375.00

Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Other (specify) ▼ Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 Date of Receipt Transaction ID: 2011012694838- Amount of Each Receipt this Period Federal Other (specify) ▼ Date of Receipt Transaction ID: 2011012695027- Amount of Each Receipt this Period Transaction ID: 2011012695027- Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation Regional Director Regional Director Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania Avenue N.W.	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 55 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Date of Receipt	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Plans Receipt For:	Leanne Gassaway Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004	Transaction ID: 2011012694838-18 Amount of Each Receipt this Period
Leanne Gassaway Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Plans Receipt For: Primary General Other (specify) ▼	Regional Director Aggregate Year-to-Date ▼ 649.92	
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Regional Director	Leanne Gassaway Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi City	ng State Zip Code	1 2 1 5 2 0 1 0 Transaction ID: 2011012695027-18
America's Health Insurance Plans Receipt For: Primary General Other (specify) Other (specify) Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Regional Director Aggregate Year-to-Date Aggregate Year-to-Date Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	FEC ID number of contributing federal political committee.	C	
Leanne Gassaway Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Date of Receipt M M M J D D J Z O 1 0 Transaction ID: 201101269521-18 Amount of Each Receipt this Period 27.08	America's Healfh Insurance Plans Receipt For: Primary General	Regional Director Aggregate Year-to-Date ▼	
Suite 500, South Building City State Zip Code Washington DC 20004 Transaction ID: 201101269521-18 Amount of Each Receipt this Period 27.08 Name of Employer America's Health Insurance Plans Receipt For: Primary General 1 2 3 0 2 0 1 0 Transaction ID: 201101269521-18 Amount of Each Receipt this Period 27.08	Leanne Gassaway		<u> </u>
Washington FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Receipt For: Primary Amount of Each Receipt this Period 27.08 C Aggregate Year-to-Date ▼	Suite 500, South Buildi	ng	12 30 2010
Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 640.03	FEC ID number of contributing		Amount of Each Receipt this Period
Primary General 640.02	Plans	Regional Director	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		81.24

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 55 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	nd Statements may not be sold or used by any perso the name and address of any political committee to	
Full Name (Last, First, Middle Initial) William Gracey Mailing Address 1 Cameron Hill Cir City Chattanooga FEC ID number of contributing federal political committee. Name of Employer BlueCross BlueShield of Tennessee Receipt For:	State Zip Code TN 37402-9815 C Occupation COO	Date of Receipt M M J 23 2010 Transaction ID: 8F4ACBED9DDB79A28 Amount of Each Receipt this Period 500.00
Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania A Suite 500, South Bi City Washington		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	Occupation	83.33
Plans Receipt For: Primary General Other (specify) ▼	Special Assistant To President and Control Aggregate Year-to-Date ▼ 1999.92	e o
Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania A	Avenue N.W.	Date of Receipt
Suite 500, South B	uilding State Zip Code	12 15 2010
Washington	DC 20004	Transaction ID: 2011012695027-20 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Special Assistant To President and Control Aggregate Year-to-Date ▼ 1999.92	e o
		666.66

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 21 / 55 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PAC	(AHIP PAC	()	
Full Name (Last, First, Middle Initial) Lindy Hinman			Date of Receipt
Mailing Address 602 Pennsylvania Aver Suite 500, South Buildi			1 2
City	State	Zip Code	Transaction ID: 201101269521-20
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer	Occupatio	n	7
America's Health Insurance Plans		Assistant To President and C	еф
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		1999.92	
Other (specify) ▼		1333.32	
Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			11 30 7 2010
City	State	Zip Code	Transaction ID: 2011012694838-21
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance	Occupatio	n ssociate Counsel, Special Pr	
<u>Plans</u> Receipt For:	. '	e Year-to-Date	<u> </u>
Primary General Other (specify) ▼	Aggregate	583.28	
Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			1 2 1 5 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2011012695027-21
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance	Occupatio Senior A	n ssociate Counsel, Special Pr	oi
<u>Plans</u> Receipt For:		e Year-to-Date	<u> </u>
Primary General	, iggregate		1
Other (specify) ▼		583.28	
			145.83
SUBTOTAL of Receipts This Page (optional)		······	143.03

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 55 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using t	Statements may he name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans Pa	AC (AHIP PAC	C)	
Α.	Full Name (Last, First, Middle Initial) Joni Hong			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Bui			12 30 2010
	City	State	Zip Code	Transaction ID: 201101269521-21
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 31.25
	Name of Employer America's Health Insurance Plans Receipt For:		n ssociate Counsel, Special P e Year-to-Date ▼	roj
	Primary General Other (specify) ▼	, and the second	583.28	
В.	Full Name (Last, First, Middle Initial) Karen Ignagni Mailing Address 601 Pennsylvania Av	ve NW		Date of Receipt
	S Building, Suite 500			12 20 2010
	City	State	Zip Code	Transaction ID: A1993EA1EAFE51AAE35
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00 Personal Contribution
	Name of Employer America's Health Insurance Plans	Occupatio Presiden	n t and CEO	Personal Continuation
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		5000.00	
с.	Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding		11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 2011012694838-22
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans		sident, Federal Affairs	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		1999.92	
	SUBTOTAL of Receipts This Page (optional)			5114.58
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		•	5114.58

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 55 (check only one) X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt
Mailing Address 601 Pennsylvania August 500, South B	uilding	1 2 1 5 2 0 1 0
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 2011012695027-22 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Vice President, Federal Affairs	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Alethia Jackson		Date of Receipt
Mailing Address 601 Pennsylvania Automotive Suite 500, South B		12 30 7 9 9 10
City	State Zip Code DC 20004	Transaction ID: 201101269521-22
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID: 2011012694838-23 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Clinical Affair	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (option)	al)	208.33

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	Check only one PAGE 24 / 55
A	ny information copied from such Reports and s	Statements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
Ž	NAME OF COMMITTEE (In Full)	o namo ana aa	aroot or any pontion committee to	
	Americas Health Insurance Plans PA	C (AHIP PAC	()	
. –	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			12 / 15 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 2011012695027-23
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President, Clinical Affair	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.08	
_	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			12 30 7 2010
	City	State	Zip Code	Transaction ID: 201101269521-23
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President, Clinical Affair	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.08	
_	Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			1 1 3 0 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 2011012694838-24
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer America's Health Insurance Plans	 	nter for Health Policy & Resea	ar
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		3000.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			208.34

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any or fo	information copied from such Reports and S	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
—	IAME OF COMMITTEE (In Full)		areas are any pontion committee to	
\rangle	Americas Health Insurance Plans PA	C (AHIP PAC	()	
	full Name (Last, First, Middle Initial) eff Lemieux			Date of Receipt
_	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			12 15 2010
C	City	State	Zip Code	Transaction ID: 2011012695027-24
7	Vashington	DC	20004	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		125.00
	lame of Employer America's Health Insurance Plans	Occupatio Svp, Cer	n Iter for Health Policy & Resea	ar
F	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 3000.00	
	full Name (Last, First, Middle Initial) eff Lemieux			Date of Receipt
N	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			12 30 7 2010
	City	State	Zip Code	Transaction ID: 201101269521-24
_	Vashington	DC	20004	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		125.00
F	lame of Employer America's Health Insurance Plans	Occupatio Svp, Cer	n Iter for Health Policy & Resea	ar
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		3000.00	
	full Name (Last, First, Middle Initial) Beth Leonard			Date of Receipt
N	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			11 30 7 2010
	City	State	Zip Code	Transaction ID: 2011012694838-25
_	Vashington	DC	20004	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		104.17
<u> </u>	lame of Employer America's Health Insurance Plans	Occupatio Senior D	n irector Public Affairs	
F	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1750.08	
	BTOTAL of Receipts This Page (optional) .			354.17

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	fo	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 26 / 55 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I	g the name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Beth Leonard			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B			12 15 2010
City	State DC	Zip Code	Transaction ID: 2011012695027-25
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Senior Direct	or Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1750.08	
Full Name (Last, First, Middle Initial) Beth Leonard			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B			12 30 2010
City	State	Zip Code	Transaction ID: 201101269521-25
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		104.17
Name of Employer America's Health Insurance	Occupation	or Public Affairs	
<u>Plans</u> Receipt For:	Aggregate Year		
Primary General Other (specify) ▼	riggi ogalo i oli	1750.08	
Full Name (Last, First, Middle Initial) Holly Macmoran			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B			M M / D D / Y Y Y Y Y 1 1 1 3 0 2 0 1 0
City	State	Zip Code	Transaction ID: 2011012694838-26
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance <u>Plans</u> Receipt For:	Occupation Program Mar	_ •	
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 499.92	
SUBTOTAL of Receipts This Page (options	al)		229.17

or for commercial purposes, other than using the name and address of any political cómmíttee to some process. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pans State Zip Code Washington Program Manager Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code	Date of Receipt Date of Receipt
Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: C 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 2011012695027-26 Amount of Each Receipt this Period 20.83 Date of Receipt M M / D D / Y Y Y Y Y
Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ C C State Zip Code DC 20004 FEC ID number of contributing federal political committee. C Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 2011012695027-26 Amount of Each Receipt this Period 20.83 Date of Receipt
City Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Program Manager Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Amount of Each Receipt this Period 20.83 Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Date of Receipt
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date C C Aggregate Year-to-Date Aggregate Year-to-Date FEC ID number of contributing federal political committee. Program Manager Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Date of Receipt
Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	M M / D D / Y Y Y Y
Receipt For: Primary	M M / D D / Y Y Y Y
Teull Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	M M / D D / Y Y Y Y
Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	M M / D D / Y Y Y Y
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	M M / D D / Y Y Y Y
Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	1 1 90 2010
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Transaction ID: 201101269521-26
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Amount of Each Receipt this Period
America's Health Insurance Plans Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	20.83
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	
Debi Manning Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Date of Receipt
City State Zin Code	11 30 YYYYY 2010
·	Transaction ID: 2011012694838-27
Washington DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	20.00
Name of Employer America's Health Insurance Plans Occupation Director of Human Resources	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 760.00	
SUBTOTAL of Receipts This Page (optional)	

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and address of any political	ed by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B		12 / 15 / 2010
City	State Zip Code	Transaction ID: 2011012695027-27
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
America's Hèalfh Insurance <u>Plans</u>	Director of Human Resor	urces
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		760.00
Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B		12 30 7 2010
City	State Zip Code	Transaction ID: 201101269521-27
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer America's Health Insurance Plans	Occupation Director of Human Resor	urces
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	760.00
Full Name (Last, First, Middle Initial) Anthony Meoni	l .	Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B		111 / 30 / Y Y Y Y
City	State Zip Code	Transaction ID: 2011012694838-29
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.50
Name of Employer America's Health Insurance Plans	Occupation Vice President, IT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		252.00
SUBTOTAL of Receipts This Page (optional		50.50

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 55 (check only one) X
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Americas Health Insurance Plans PAC	(AHIP PAC)	
۷.	Full Name (Last, First, Middle Initial) Anthony Meoni			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			12 15 2010
	City	State DC	Zip Code	Transaction ID: 2011012695027-29
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 10.50
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice Pres Aggregate		
	Full Name (Last, First, Middle Initial) Anthony Meoni Mailing Address 601 Pennsylvania Ave	nue N.W.		Date of Receipt
	Suite 500, South Build		Zip Code	12 30 2010
	Washington	DC	20004	Transaction ID: 201101269521-29 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.50
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	
_	Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			1 1 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: 2011012694838-30
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 20.00
	Name of Employer America's Health Insurance Plans		e Director Product Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
	SUBTOTAL of Receipts This Page (optional)			41.00

Any information copied from such Reports and Statements may not be sold or for commercial purposes, other than using the name and address of any NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation Executive Director F Aggregate Year-to-Date C Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Cty Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Washington DC 20004 FEC ID number of contributing federal political committee.	Date of Receipt M
Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) General Other (specify) Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Aggregate Year-to-Date C Suite 500, South Building City State Zip Coc Aggregate Year-to-Date Paggregate Year-to-Date Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Washington DC 20004 FEC ID number of contributing State Zip Coc Washington DC 20004 FEC ID number of contributing City State Zip Coc Washington DC 20004 FEC ID number of contributing	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Washington Executive Director F Aggregate Year-to-Date Pull Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Washington DC 20004 FEC ID number of contributing	Transaction ID: 2011012695027-30 Amount of Each Receipt this Period 20.00 adduct Policy 480.00
Suite 500, South Building City State Zip Coc Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Healfh Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Healfh Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Washington DC 20004 FEC ID number of contributing	1 2 1 5 2 0 1 0 Transaction ID: 2011012695027-30 Amount of Each Receipt this Period 20.00
## Washington DC 20004 FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00 oduct Policy 480.00
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation Executive Director Felans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Aggregate Year-to-Date State	20.00 oduct Policy ✓ 480.00
Plans Receipt For:	480.00
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coo Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) General Other (specify) Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coo Washington DC 20004 FEC ID number of contributing	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coo Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coo Washington DC 20004 FEC ID number of contributing	
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coo Washington DC 20004 FEC ID number of contributing	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coo Washington DC 20004 FEC ID number of contributing	Transaction ID: 201101269521-30
America's Healfh Insurance Plans Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coo Washington DC 20004 FEC ID number of contributing	Amount of Each Receipt this Period 20.00
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Joseph Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coo Washington DC 20004 FEC ID number of contributing	oduct Policy
Joseph Miller Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Coc Washington DC 20004 FEC ID number of contributing	480.00
Suite 500, South Building City State Zip Coc Washington DC 20004 FEC ID number of contributing	Date of Receipt
Washington DC 20004 FEC ID number of contributing	
FEC ID number of contributing	11 30 / Y Y Y Y Y Y
	1 1 3 0 2 0 1 0 Transaction ID: 2011012694838-32
Name of Employer America's Health Insurance Plans Occupation General Counsel	11 30 2010
Receipt For: Primary General Other (specify)	1 1 3 0 2 0 1 0 Transaction ID: 2011012694838-32 Amount of Each Receipt this Period 104.17
SUBTOTAL of Receipts This Page (optional)	1 1 3 0 2 0 1 0 Transaction ID: 2011012694838-32 Amount of Each Receipt this Period 104.17

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 55 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph Miller			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	Building	7in Oada	1 2 1 5 2 0 1 0
City Washington	State DC	Zip Code 20004	Transaction ID: 2011012695027-32 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	104.17
Name of Employer America's Health Insurance Plans	Occupation General (
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.02	
Full Name (Last, First, Middle Initial) Joseph Miller			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	Building		12 30 7 2010
City	State	Zip Code	Transaction ID: 201101269521-32
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation General (
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.02	
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2011012694838-33
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans		ssociate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (option	al)		250.01

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 55 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A	mericas Health Insurance Plans PAC	(AHIP PAC	()	
Կ. <u>J</u> ւ	ull Name (Last, First, Middle Initial)			Date of Receipt
M	ailing Address 601 Pennsylvania Aver Suite 500, South Buildi			12 15 2010
Ci		State	Zip Code	Transaction ID: 2011012695027-33
FE	Ashington Contributing deral political committee.	C	20004	Amount of Each Receipt this Period 41.67
<u>P</u>	ame of Employer merica's Health Insurance lans eceipt For: Primary Other (specify) ▼		ssociate Counsel Year-to-Date 1000.08	1
3. <u>Ju</u>	ull Name (Last, First, Middle Initial) ulie Miller	0 0	0 0 0 0 0 0 0	Date of Receipt
M	ailing Address 601 Pennsylvania Aver Suite 500, South Buildi			12 30 2010
Ci	ty	State	Zip Code	Transaction ID: 201101269521-33
FE	Ashington EC ID number of contributing deral political committee.	C	20004	Amount of Each Receipt this Period 41.67
A	ame of Employer merica's Health Insurance lans	Occupatio Senior A	n ssociate Counsel	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.08	
	ull Name (Last, First, Middle Initial) sa Miller			Date of Receipt
_	ailing Address 601 Pennsylvania Aver Suite 500, South Buildi			11 30 / Y Y Y Y Y
Ci W	ty /ashington	State DC	Zip Code 20004	Transaction ID: 2011012694838-34 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	20004	10.42
<u>P</u>	ame of Employer merica's Health Insurance lans	Occupatio Deputy D	n Director, Meeting Services	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.08	
SUB	TOTAL of Receipts This Page (optional)			93.76
	AL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 33 / 55 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA		· · · · · · · · · · · · · · · · · · ·	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Lisa Miller Mailing Address 601 Pennsylvania Av			Date of Receipt 1 2 1 5 2 0 1 0
	Suite 500, South Build	State	Zip Code	Transaction ID: 2011012695027-34
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.42
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	, ' · · · · 	on Director, Meeting Services e Year-to-Date ▼ 250.08	
В.	Full Name (Last, First, Middle Initial) Lisa Miller Mailing Address 601 Pennsylvania Av			Date of Receipt
	Suite 500, South Build	ding State	Zip Code	1 2 3 0 2 0 1 0 Transaction ID: 201101269521-34
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.42
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	_ ' 	on Director, Meeting Services e Year-to-Date ▼ 250.08]
C.	Full Name (Last, First, Middle Initial) Martin Mitchell, Jr. Mailing Address 601 Pennsylvania Av.	enue N.W.		Date of Receipt
	Suite 500, South Buile	ding		11 30 2010
	City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 2011012694838-35
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 20.83
	Name of Employer America's Health Insurance Plans	- · ·	Product Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
	SUBTOTAL of Receipts This Page (optional)			41.67
İ	TOTAL This Period (last page this line numbe	er only)		

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 55 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	 y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	venue N.W. ilding		12 / 15 / 2010
City	State	Zip Code	Transaction ID: 2011012695027-35
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer	Occupation	n	7
America's Health Insurance Plans	Director	Product Policy	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		499.92	
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.	'		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			12 30 7 9 9 9
City	State	Zip Code	Transaction ID: 201101269521-35
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Director	n Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92]
Full Name (Last, First, Middle Initial) Teresa Mulligan			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			11 30 7 2010
City	State	Zip Code	Transaction ID: 2011012694838-8
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.58
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director, Policy Research	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	349.92	
SUBTOTAL of Receipts This Page (optional)		56.24

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 55 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Teresa Mulligan Mailing Address 601 Pennsylvania	Avenue NIW	Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		12 15 2010
City	State Zip Code	Transaction ID: 2011012695027-8
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.58
Name of Employer America's Health Insurance Plans	Occupation Executive Director, Policy Research	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	349.92	
Full Name (Last, First, Middle Initial) Teresa Mulligan		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		12 30 7 2010
City	State Zip Code	Transaction ID: 201101269521-8
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.58
Name of Employer America's Health Insurance Plans	Occupation Executive Director, Policy Research	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	349.92	
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 2011012694838-36
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer America's Health Insurance Plans	Occupation Vice President Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
SUBTOTAL of Receipts This Page (option	al)	133.33
TOTAL This Period (last page this line nur	•	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 55 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any person g the name and address of any political committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania	Avenue NIW	Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		12 15 2010
City	State Zip Code	Transaction ID: 2011012695027-36
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer America's Health Insurance Plans	Occupation Vice President Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Betsy Pelovitz	-	Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		12 30 2010
City	State Zip Code	Transaction ID: 201101269521-36
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer America's Health Insurance Plans	Occupation Vice President Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	
Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E	Building	11 30 4 2010
City Washington	State Zip Code DC 20004	Transaction ID: 2011012694838-37
FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 130.47
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communication	n
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3116.22	
SUBTOTAL of Receipts This Page (option	al)	338.81

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 55 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania A Suite 500, South Bi			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 2011012695027-37 Amount of Each Receipt this Period 130.47
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General Other (specify) ▼	' -	n sident Strategic Communicat Year-to-Date ▼ 3116.22	tion
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania A Suite 500, South Bi		Zip Code	Date of Receipt 1 2 3 0 2 0 1 0 Transaction ID: 201101269521-37
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n sident Strategic Communicat Year-to-Date ▼ 3116.22	Amount of Each Receipt this Period 130.47
Full Name (Last, First, Middle Initial) Lawrence Platt Mailing Address 601 Pennsylvania A Suite 500, South Bi City Washington FEC ID number of contributing federal political committee.		Zip Code 20004	Date of Receipt M M M
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	al)		344.27

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 55 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lawrence Platt Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding	7'. O. d.	Date of Receipt 1 2 1 5 2 0 1 0
City	State DC	Zip Code	Transaction ID: 2011012695027-38
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupatio Director Aggregate	Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Lawrence Platt Mailing Address 601 Pennsylvania Av	/enue N.W.		Date of Receipt
Suite 500, South Building			12 30 2010
City	State	Zip Code	Transaction ID: 201101269521-38
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupatio Director	n	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding		11 30 7 2010
City	State	Zip Code	Transaction ID: 2011012694838-40
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupatio Vice Pres	n sident, Membership	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
SUBTOTAL of Receipts This Page (optional)			187.49

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 55 (check only one) X 11a
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Ingrid Reeves		,	Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			12 15 2010
	City Washington	State DC	Zip Code	Transaction ID: 2011012695027-40
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 20.83
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n sident, Membership • Year-to-Date ▼ 499.92]
	Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Ave Suite 500, South Build			Date of Receipt 1 2 3 0 2 0 1 0
	City	State	Zip Code	Transaction ID: 201101269521-40
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Membership	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.92	
	Full Name (Last, First, Middle Initial) Bob Rehm			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			11 30 4 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 2011012694838-41
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 37.50
	Name of Employer America's Health Insurance Plans		sident, Public Health & Clinic	-
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 825.00	
5	SUBTOTAL of Receipts This Page (optional)			79.16

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 55 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	d Statements may not be sold or used by any person the name and address of any political committee to AC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania A Suite 500, South Bu City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance		Date of Receipt M M
America's Health Insurance Plans Receipt For: Primary General Other (specify)	Vice President, Public Health & Clinic Aggregate Year-to-Date ▼ 825.00	
Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania A Suite 500, South Bu City Washington FEC ID number of contributing federal political committee.		Date of Receipt M M
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Public Health & Clinic Aggregate Year-to-Date 825.00	
Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania A Suite 500, South Bu City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans		Date of Receipt M M J D D J 2 0 1 0 Transaction ID: 2011012694838-42 Amount of Each Receipt this Period 83.33
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00	158.33

Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	ntributione
A. Sue Rohan Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt M M M M 1 2 1 5 1 5 Transaction ID: 2011012 Amount of Each Receipt transaction ID: 2011012	ommittee.
Plans Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date Aggregate Year-to-Date Tool.00 Full Name (Last, First, Middle Initial)	2 0 1 0 2695027-42
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. C	2 0 1 0 269521-42
Name of Employer America's Health Insurance Plans Receipt For: Primary Occupation Vice President, Federal Programs Aggregate Year-to-Date 1500.00	
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington DC Zip Code Transaction ID: 2011012 Amount of Each Receipt the C C	
Name of Employer America's Health Insurance Plans Receipt For: Primary Occupation Senior Vice President, Professional Pr Aggregate Year-to-Date 1000.08	
SUBTOTAL of Receipts This Page (optional)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 55 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Av. Suite 500, South Build City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004	Date of Receipt 1 2
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President, Professional Aggregate Year-to-Date 1000.08	Pr
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Av- Suite 500, South Build City	ding State Zip Code	Date of Receipt 1 2 3 0 2 2 0 1 0 Transaction ID: 201101269521-43
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President, Professional Aggregate Year-to-Date ▼ 1000.08	Pr
Full Name (Last, First, Middle Initial) Charles Stellar		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Build City	ding State Zip Code	1 1 3 0 2 0 1 0 Transaction ID: 2011012694838-44
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Executive V.P.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3294.96	
SUBTOTAL of Receipts This Page (optional)		187.51

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 55 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	C)	
۷.	Full Name (Last, First, Middle Initial) Charles Stellar			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			12 15 2010
	City Washington	State DC	Zip Code 20004	Transaction ID: 2011012695027-44 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.17
	Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Executive Aggregate		
_ 3.	Other (specify) Full Name (Last, First, Middle Initial) Charles Stellar	0 0	3234.30	Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			1 2 3 0 7 2 0 1 0
	City	State	Zip Code	Transaction ID: 201101269521-44
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 104.17
	Name of Employer America's Health Insurance Plans	Occupation Executive		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 3294.96	
_).	Full Name (Last, First, Middle Initial) Aaron Tucker			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID: 2011012694838-45
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 10.42
	Name of Employer America's Health Insurance Plans	Occupation Senior L	n egislative & Regulatory Analy	rs
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.08	
	SUBTOTAL of Receipts This Page (optional)			218.76
	TOTAL This Period (last page this line number)	only)		

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 55 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for co	ormation copied from such Reports and St ommercial purposes, other than using the ME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	ericas Health Insurance Plans PAC	(AHIP PAC	()	
A. Aaro	Name (Last, First, Middle Initial) n Tucker ng Address 601 Pennsylvania Aver	nuo NI W		Date of Receipt
	Suite 500, South Buildi			12 15 2010
City		State	Zip Code	Transaction ID: 2011012695027-45
<u>Wa</u>	shington	DC	20004	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		10.42
<u>Plan</u>		Occupatio Senior L	n egislative & Regulatory Analy	vs
Rece	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.08	
	Name (Last, First, Middle Initial) n Tucker			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			12 30 7 2010
•	City State Zip Code Washington DC 20004			Transaction ID: 201101269521-45
FEC	ID number of contributing	C	20004	Amount of Each Receipt this Period 10.42
reae	ral political committee.	9		
Nam Ame Plan	e of Employer erica's Health Insurance is	Occupation Senior Lo	n egislative & Regulatory Analy	vs
	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.08	
	Name (Last, First, Middle Initial) ael Tuffin			Date of Receipt
	ng Address 601 Pennsylvania Aver Suite 500, South Buildi	ng		11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	aladia suka sa	State	Zip Code	Transaction ID: 2011012694838-46
	shington	DC	20004	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		208.33
<u>Plan</u>			e Vice President	
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4999.92	
SUBTO	DTAL of Receipts This Page (optional)			229.17
	This Period (last page this line number of		<u>`</u>	

Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P.	I Statements may not be sold or used by any pe he name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		12 15 2010
City Washington	State Zip Code DC 20004	Transaction ID: 2011012695027-46
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive Vice President Aggregate Year-to-Date ▼ 4999.92	
Full Name (Last, First, Middle Initial) Michael Tuffin	0 0 0 0 0 0 0 0	Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	12 30 7 2010	
City	Transaction ID: 201101269521-46	
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	
Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	lding	11 30 7 2010
City Washington	State Zip Code DC 20004	Transaction ID: 2011012694838-47 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1749.96	
SUBTOTAL of Receipts This Page (optional)		499.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 55 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	ne name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Av Suite 500, South Buil		Date of Receipt 1 2 1 5 2 0 1 0
City	State Zip Code	Transaction ID: 2011012695027-47
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive Director Aggregate Year-to-Date ▼ 1749.96	
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Av		Date of Receipt
Suite 500, South Buil	State Zip Code	1 2 3 0 2 0 1 0 Transaction ID: 201101269521-47
<u>Washington</u>	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1749.96	•
Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil		11
City Washington	State Zip Code DC 20004	Transaction ID: 2011012694838-48 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, State Publication	S
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	1
SUBTOTAL of Receipts This Page (optional)	1	197.91

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 55 (check only one) X
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	Americas Health Insurance Plans PAC	(AHIP PAC	<i>(</i>)	
۱.	Full Name (Last, First, Middle Initial) Daniel Vigil	N. 147		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			12 15 2010
	City	State	Zip Code	Transaction ID: 2011012695027-48
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.25
	Name of Employer America's Health Insurance Plans	Occupatio Deputy D	n Director, State Publications	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00]
_	Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			12 30 YYYYY
	City	State	Zip Code	Transaction ID: 201101269521-48
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.25
	Name of Employer America's Health Insurance Plans	Occupatio Deputy D	n Director, State Publications	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		750.00]
. -	Full Name (Last, First, Middle Initial) Robert Zirkelbach			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			1 1 3 0 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 2011012694838-50
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.17
	Name of Employer America's Health Insurance Plans	Occupatio Press Se		7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1687.58]
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		166.67

A.

В.

SCHEDULE A (FEC Form 3X)

PAGE 48 / 55 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Date of Receipt Robert Zirkelbach Mailing Address 601 Pennsylvania Avenue N.W. 12 15 2010 Suite 500, South Building City State Zip Code Transaction ID: 2011012695027-50 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 C federal political committee. Name of Employer America's Health Insurance Occupation **Press Secretary** Plans Receipt For: Aggregate Year-to-Date General Primary 1687.58 Other (specify) Full Name (Last, First, Middle Initial) Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 2010 Suite 500, South Building City State Zip Code Transaction ID: 201101269521-50 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing C 104.17 federal political committee. Name of Employer America's Health Insurance Occupation Press Secretary Plans Receipt For: Aggregate Year-to-Date ▼

1687.58

SUBTOTAL of Receipts This Page (optional)	•	208.34
TOTAL This Period (last page this line number only)	<u> </u>	15789.58

Primary

Other (specify)

General

CHE	HEDULE B (FEC Form 3X)		1 3X)	Use sepa	arate schedule(s)			NE NUMBER: PAGE 49 / 55						55			
TEMI	IZED DIS	SBURSEME	NTS	for each	category of the Summary Page	X	heck or 21b 27		1e) 22 28a	2 2	3 8b		24 28c		25 29	П	26
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	·	/ITTEE (In Full)	ising the nan	ie and addre	ss of any political	COMMIN	ilee io s	Olicit	COILL	ibutioi	15 11	OIII S	sucii c	OITIII	iillee		_
\		th Insurance Pla	ns PAC (A	HIP PAC)													
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	ose of Disbu Transfer Fe					00)1								2.00		_
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	e Sought:	House Senate President	Disburs	ement For: Primary Other (spe	General ecify) ▼												
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	Full Name (Last, First, Middle Initial) Bank of America								Date o	of Disk	ours	eme	AF44 nt				9C
Mailir	Mailing Address 730 15th Street, NW Second Floor								1 ^M 2	M /	^D 1	3	/ L	ž	0 Ĭ 0	Y	
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	e Sought:	House Senate President	Disburs	ement For: Primary Other (spe	General ▼												
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	Bank of America Mailing Address 730 15th Street, NW								1 2	of Disk		eme 2 9	nt / Y	ž	0 Ĭ 0	Y	
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Purpo	Washington DC 20005 Purpose of Disbursement)1				_				2.00		
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Office	e Sought:	House Senate President	Disburs	ement For: Primary Other (spe	General ▼	Тур											
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		oursements This Pa	, n				•			-					6.00		

Transaction ID: 178A3E19CFE2 Disbursement Di	SCHEDULE B (FEC FOIII 3X)	Use separate schedu	lie(s) (check or	E NUMBER: ily one)	PAGE 50 / 55			
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington DC 20004 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City State Zip Code Disbursement For: Primary General Primary Arenant Service Fees Candidate Name Office Sought: House Disbursement For: State Zip Code DC 20004 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID: 807C13FA3A30 Date of Disbursement this P Amount of Each Disbursement this P Amount of Each Disbursement this P Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Transaction ID: BF8EA7BAE07 Date of Disbursement Amount of Each Disbursement Tippe Date of Disbursement Transaction ID: BF8EA7BAE07 Da	I EMIZED DISBURSEMENTS		age X 21b	22 23				
Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington DC 20004 Purpose of Disbursement Merchant Service Fees Candidate Name City Sanate President District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington District: Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave, NW 11th Floor City Washington DC 20004 Transaction ID: 807C13FA3A3C Date of Disbursement bis P Transaction ID: 807C13FA3A3C Date of Disbursement Transaction ID: 807C13FA3A3C Date of Disbursement Ibis P T	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any po						
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CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only		AGE 51 / 55
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NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	HIP PAC)			
Full Name (Last, First, Middle Initial)			Transaction ID: EEDD)55E7F6B53B0
Canseco for Congress		Date of Disbursement	, , , , , , , , , , , , , , , , , , ,	
Mailing Address 10004 Wurzbach Road	# 366		12 15 /	2010
City San Antonio	State Zip Code TX 78230		Amount of Each Disburse	ement this Period
Purpose of Disbursement	70200			1000.00
2010 General Debt Retirement		011		
Candidate Name Francisco Raul Quico Canseco		Category/ Type		
Office Sought: X House Senate President Disburs	ement For: 2010 Primary X General Other (specify)			
State: TX District: 23				
Full Name (Last, First, Middle Initial) Diane Black for Congress			Transaction ID: B49A Date of Disbursement	F80C0D10504E
Mailing Address PO Box 1437			12 M / D 15 /	žožo
City Gallatin	State Zip Code TN 37066		Amount of Each Disburse	ement this Period
Purpose of Disbursement	37000			1000.00
2010 General Debt Retirement		011		
Candidate Name Diane Black		Category/ Type		
Office Sought: X House Senate President State: TN District: 06	ement For: 2010 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) Friends of Joe Heck			Transaction ID: FCD6 Date of Disbursement	51C708D46B00
Mailing Address PO Box 750114			12 15 /	žožo
City	State Zip Code		Amount of Each Disburse	ement this Period
Las Vegas	NV 89136			1000.00
Purpose of Disbursement 2010 General Debt Retirement		011		
Candidate Name Joseph Heck, Jr.		Category/ Type		
Office Sought: X House Senate President State: NV District: 03	ement For: 2010 Primary X General Other (specify)			
-				3000.00
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` '	HIP PAC)			
Full Name (Last, First, Middle Initial) Friends of Roy Blunt			Transaction ID: Date of Disburse	F3F418240365F9AA487 ment
Mailing Address PO Box 50100			12 / D	5 2010
City Springfield	State Zip Code MO 65805		Amount of Each	Disbursement this Period
Purpose of Disbursement 2010 General Debt Retirement		011		1000.00
Candidate Name Roy D. Blunt		Category/ Type		
Office Sought: House Disburse X Senate President	ement For: 2010 Primary X General Other (specify)			
State: MO District:				
Full Name (Last, First, Middle Initial) Gardner for Congress			Date of Disburse	
Mailing Address PO Box 2408			12 1 1	5 2010
City Loveland	State Zip Code CO 80539		Amount of Each	Disbursement this Period
Purpose of Disbursement 2010 General Debt Retirement		011		1000.00
Candidate Name Cory Gardner		Category/ Type		
Senate President	ement For: 2010 Primary X General Other (specify)	,		
John Kerry for Senate			Date of Disburse	
Mailing Address PO Box 78116	Use separate schedule(s) for each category of the Detailed Summary Page 21b 27 21b 27 27 27 27 27 27 27 2	12	9 / 2010	
City Washington			Amount of Each	Disbursement this Period
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John F. Kerry		, ,		
X Senate X President	Primary General			
State: MA District:				
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NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial)			Transaction ID: 2924DC532E5D7CC3F
Richard Hanna for Congress Committee			Date of Disbursement
Mailing Address 2308 Genesee Street			12 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Utica	State Zip Code NY 13502		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General Debt Retirement		011	1500.00
Candidate Name Richard Hanna		Category/ Type	
Office Sought: X House Senate President State: NY District: 24	rsement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Stivers for Congress			Transaction ID: 10FB3B08F070740580 Date of Disbursement
Mailing Address 4679 Winterset Drive			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Columbus	State Zip Code OH 43220		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General Debt Retirement		011	1000.00
Candidate Name Steve Stivers		Category/ Type	
Office Sought: X House Senate President Disbu	rsement For: 2010 Primary X General Other (specify)		

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abla	NAME OF COMMITTEE (In Full)											
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<u> </u>	Full Name (Last, First, Middle Initial)					Trans	saction I	D : C	4825	5CFFD	9502E	<u> —</u> ЗА
	Committee to Elect Jeff Kruse					Date	of Disbu		nt	· · · ·	V	
	Mailing Address 636 Wild Irish Lane					12	□ L	07	Ĺ	ž 0 1	0	
	City Roseburg	State Zip Code OR 97470				Amou	unt of Ea	ch Disk	oursen	nent this	Period	t
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	Full Name (Last, First, Middle Initial)					Trans	saction I	D : 90	C56B	73144	3FBD4	— 4С
	Friends of Alan Bates						of Disbu	rsemer				
	Mailing Address 2859 State Street Suite 101						M / [07	/ Y	žo i	0	
	City Medford	State Zip Code OR 97504				Amou	unt of Ea	ch Disk	oursen	nent this	Period	t
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	Full Name (Last, First, Middle Initial) Friends of Dave Hunt						saction I of Disbu	rsemer				ΞA
	Mailing Address PO Box 68445						M / [07	/ L	žo i	0 1	
	City Milwaukie	State Zip Code OR 97267				Amou	unt of Ea	ch Dist	oursen	nent this	Period	t
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	Americas Health Insurance Plans PAC (Al	HIP PAC)										
	Full Name (Last, First, Middle Initial) Friends Of Laurie Monnes Anderson						Date	saction II of Disburs	sement	t		
	Mailing Address PO Box 1531						^M 2		0 7 °	<u>L</u> .	ž 0 i ()
	City Gresham	State Zip Code OR 97030					Amou	int of Eac	h Disb			
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	City	State Zip Code					Amou	int of Eac	h Disb	urseme	ent this I	Period
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	Full Name (Last, First, Middle Initial) Mitch Greenlick for State Legislature						Date	saction II	sement	i		
	Mailing Address 712 NW Spring Avenue						^M 2	M / D	0 ^D	′ <u> </u>	ž 0 i () [*]
	City Portland	State Zip Code OR 97229					Amou	int of Eac	h Disb	urseme	ent this I	Period
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